

GEORGIA DEPARTMENT OF TRANSPORTATION

OVERSIZE PERMIT UNIT

IF YOU HAVE ANY QUESTIONS, PLEASE CALL
1-844-837-5500 FOR CUSTOMER SERVICE

MAILING ADDRESS:
GEORGIA DEPARTMENT OF TRANSPORTATION
OVERSIZE PERMIT UNIT
P. O. Box 17937
ATLANTA, GA 30316-0937



FAX COMPLETED APPLICATION TO:

575-353-7732

FOR FASTER SERVICE LOGIN TO:

GAPROS.DOT.GA.GOV

BECAUSE OF NEW SECURITY REQUIREMENTS,
DO NOT EMAIL COMPLETED APPLICATIONS

ANNUAL PERMIT APPLICATION

This application is for an Annual Permit, which is good for a twelve (12) month period, to cover the movement of oversize/and or overweight loads. The Permit Holder is responsible to ensure that the permitted load can safely travel over all routes they propose to travel, including but not limited to vertical, horizontal and weight clearances.

☐ STANDARD ANNUAL - \$150.00

Width - 12'

Height - 14'6"

Length - 100'

Weight - 100,000 lbs

Most Routes unless posted

Number of Permits _____ x \$150.00 = \$ _____

☐ ANNUAL PLUS - \$500.00

Width - 14'

Height - 14'6"

Length - 100'

Weight - 100,000 lbs

Travel on NHS Routes only

Number of Permits _____ x \$500.00 = \$ _____

☐ ANNUAL COMMERCIAL WRECKER EMERGENCY TOW - \$500.00

Width - 12'

Height - 14'6"

Length - 125'

Weight - 135,000 lbs.

Number of Permits _____ x \$500.00 = \$ _____

US DOT# _____ COMPANY NAME: _____ BEGIN DATE: _____

CREDIT CARD

ESCROW: ☐ OR CREDIT CARD # _____ EXPIRATION DATE: _____

CREDIT CARD SECURITY CODE: _____ (4 DIGITS ON FRONT OF AX, 3 DIGITS ON BACK OF ALL OTHERS) CREDIT CARD BILLING ZIP CODE: _____

SHIPPING ADDRESS

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PHONE: _____

BILLING ADDRESS

☐ SAME AS SHIPPING

NAME ON CARD: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PHONE: _____

DELIVERY METHOD:

☐ UNITED STATES POSTAL SERVICE

☐ UPS ACCOUNT #: _____

☐ FEDEX ACCOUNT #: _____

☐ PICK UP AT GDOT ATLANTA OFFICE

☐ UPS WITH CREDIT CARD

☐ FEDEX WITH CREDIT CARD

LOAD DESCRIPTION: _____

OVERALL

WIDTH _____ FT. _____ IN.

OVERALL

HEIGHT _____ FT. _____ IN.

OVERALL

LENGTH _____ FT. _____ IN.

OVERALL

WEIGHT _____

(NOTE: CREDIT CARD USE IS ACCEPTED BY THE OVERSIZE PERMIT UNIT AND IS OFFERED AS AN OPTION OF CONVENIENCE FOR OUR CUSTOMERS. THE CHARGE FOR THIS SERVICE IS \$7.00)